

### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 1/4/04
Time Start
Time Finished

### HAZARDOUS WASTE INSPECTION REPORT CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Company Name Enterm	anns	Baken	1	ID Number	PADS	9873434	97
Address 690 E. Line							
County Chester N		·		Tup.	_ ZIP	19341	
Name of Inspector		· · · · · · · · · · · · · · · · · · ·					
Name & Title of Responsible Official	Druille 1	March -	5 hop For	eman			
Person Interviewed 5/14				Telephone	610-3	63-072	O
Mailing Address (if different from above)							
Amount of Hazardous Waste Generated Month:	i per —	< 100°	)	kg		lb:	S
Waste Determination Completed? A Ye Universal Waste: Large Quantity Handle Universal Waste Types	er? □		ater Than 1,000 all Quantity Har		lo. 🗆 Not	Determined	
. Waste Handling Method:							
<ul> <li>□ On-Site in a treatment, storage</li> <li>□ Off -Site in a treatment, storage</li> <li>265.</li> <li>□ On-Site treatment &amp; off-site treatment &amp; off-site treatment</li> <li>□ Off-Site in a permitted municipal</li> <li>□ Off-Site to a facility which bene</li> <li>□ Off-Site to a facility that treats where the control of the con</li></ul>	e or disposal fa atment, storage al or industrial f ficially uses or waste prior to b a: Self Transp	e or disposal in facility in another reuses, or legit beneficial use or cortation \( \text{Ye} \)	under Chapter 2 compliance with er state. imately recycles reuse, or legitir	270 or having in n 261.5(f)(g) or or reclaims its	(j). waste.		
License Number							
. Types of hazardous waste gener	ated and dest	ination facility	(location & typ	oe). 			
Waste Code	Waste Desc	ription	Des	stination Facili	ty		
0001, 0018, 0039, 0040	Park .	washing so	frent. 5.	kten, w	e fest	ter PR	
	Dana						

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS	
Date of inspection 1/9/04 Identification Number PAD987343092	
Company/Facility/Site Name <u>Entenmanns Bakery</u>	
This routine hazardous waste small quantity generator inspection was conducted by Department Solid Waste Specialist Paul Jardel along with Mr. Orville March, Shop Foreman of the above facility. During this inspection the following was observed:	'n
This facility is one of the truck service centers for the Entenmanns Bakery delivery fleet. A number of residual waste streams are generated; waste tires, oil, anti-freeze etc.	1
Waste tires are returned to the distributor, Inner City Tire of Elizabethown, NJ.	
The only routine hazardous waste generated is ignitable (D001) parts cleaner. They will look into using the non-hazardous SK 150 solvent. The continues to use non-hazardous aqueous brake cleaning solution.	
The parts cleaner is serviced on a 16 week schedule. Waste is transported to the Satety Kleen West Chester facility.	
Copies of all waste shipments are retained at this location.	
The EPA database currently classifies the facility as a small quantity generator (100-1000kg./mo.) of hazardowaste. Quantities of hazardous waste generated are such that the facility should be reclassified to conditionally exempt small quantity generator status (< 100 kg./mo.).	
No violations were observed during this inspection.	
This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is for notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations not herein, or other violations identified as a result of review of laboratory analyses or Department records.  This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grantimply immunity from legal action for any violation noted herein.  Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that person was shown the report or that a copy was left with the person.	t o

Person interviewed (signature) Copy given and mailed to facility

Inspector (signature)\_\_\_

Page \_\_\_\_ of \_\_\_\_

Date 1/9/04

Date 1/9/04

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

#### INSPECTION REPORT COMMENTS

Date of inspection	1/9/04	_Identification Number_	PAD987343092
•		 	

Company/Facility/Site Name Entenmanns Bakery



Waste oil tank and crusher



Safety Kleen parts washer

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Person interviewed (signature) Copy given and mailed to facility	Date 1/9/04
Inspector (signature)	Date 1/9/04
	Page of

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

### INSPECTION REPORT COMMENTS

Date of inspection <u>1/9/04</u>	Identification Number PAD987343	092
Company/Facility/Site Name_	Entenmanns Bakery	
	DRANCH 213902 CSG 5 PATTERSON_EFFREY 17/19/03 1: 58 PAGE 1	
	Sefety-Kleen 5400 Lapacy Br. Cluster 11. Butliding 3 Plame Tense 75024 610-030-00055	
•	CLSTORER# 846299 INTERNANG BWERY SERVICE TAX: 0.05000 ATM GEORGE SRVC WEEK, D3-51 PRIDUCT TAX: 0.05000 ENTON HAY PRODE TAX: 0.05000 ENTON HAY PRODE 519-363-7290 PUBDIASE OFEERS TAX EXPERTION MRS.	
	PRODUCT/SERVICES	
	PRODUCT OTY UNIT PRICE IAN CHARGE	
	02 100001 TEMPORARY FUEL SERCHAGE 1 5 9006 0 00 5 90 02 30380 CREALAING CLEMER WING R 1 143 4560 8 61 152 05 30192569 CLEM 17 SPENT 17 SPENT 17 SPENT 17	
	TOTAL SERVICE AMEDICIS 149 3500 6 61 157 96	
	USEPA TRANSPORTER 2 DIRECTORE 2 GENERATOR USEPA PADMATJACINEZ USEPA TRANSPORTER 2 GENERATOR STATE FORM CODE DP	
	US DOT DESCRIPTION (INCLUDING PRIME SHIPPING NAME: HAZAND CLASS, AND 10 WASTE COMBASTRIBLE LIQUID, N O. S (PETROLIGHA MARPHAN HANSON POLIT (DOT) JESSGO236 (6.79/GL)(DOT6) DOSS COMO) (DOTAL CORT 1 INFE DIT 11, DTY 16 UNIT NTAKO, G SKOOT 861 COMTAINERS 3122015146 CTY 16	
	DESIGNATED FACILITY NAME (ADDRESS) SAFETY-GLEEN SYSTEMS, INC. 140/1142 GREEN HILL RD NESTODESTER. PA 12000	
	USEPA ID NO PADDO0738649 101AL CHARGE 151 96 STATE ID NO NASTE MIN 9.00	
	530 4900/W23030 184743 100	
	Nuchine clean and good condition? Yes Ducal's in place and legisle? Yes Fusible into installe? Yes Emergency closing of lid undestructed? Yes Nuchine properly grounded? Yes Spant solvent sents acceptance criteria? Yes	
	GENERATOR STATUS 0 220 lbs/month	
	Castomer confilies that (i) the above named materials are properly classified, pschaged, earlied and labeled, and see in proper confilien for transportation scenering but the applicable regulations of the Department of Transportation and (ii) no esterial change has occurred either in the characteristics of the seate caberials or in the process generaling the watte materials. Castomer agrees to see the above changes and to be bound by the teres and conditions (i) set for the in (a) the internal larse and Canditions provided separately to Castomer or (b) any 32 agreement signed by Customer and 33, and (2) incorporated herein by preference. Unless otherwise indicated in the payment has other candidates the payment to the transaction. Customer certifies that the included a significant service Achievel educated is the Department to Service Achievel educated is the Department of the Service Achievel educated is the Service Achievel educated in the Service Achievel educated is the Service Achievel educated in the Service Achievel educated is the Service Achievel educated in the Service Achievel educated is the Service Achievel educated in the Service Achievel educated is the Service Achievel educated in the Service Achievel educated is the Service Achievel educated in the Service Achievel educated is the Service Achievel educated in the Service Achieve educated in the Service Achieve educated in the Service Achieve educated in the Serv	
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Person interviewed (signature) Copy given and mailed to facility	Date 1/9/04
Inspector (signature)	Date1/9/04
	Page of

### UNIVERSE MAINTENANCE FORM

1. EPA ID N	II IMBER	$\neg \tau$	215000	7 2	1,12,000
			r A D 9 8 7	13	19 3 0 9 2
2. FACILIT		5 bay	//	-	200
3. (OTIFICATION)	ON DATE 3/8/01		4. SOURCE (circle or	ne): N	N A(S) E
WASTE ACTIVITY	5. TYPE (New Status) (circle one)	6.	RCRA REGULATORY STATUS (circle one)	7.	STATUS DESCRIPTION (circle one)
GENERATOR (Current Status)  1 LQG SQG 3 CESQG 4 Other	1 LQG 2 SQG 3 CESQG N Not a generator, verified Blank Unverified	R P A N	RCRA Regulated Pending Regulated under another ID Number Not RCRA Regulated (closed, non-handler)	2 3 4 5 6 7* 8* 9	Conditionally Exempt Small Quantity Generator Definitionally excluded waste Delisted wastes One-time generator Periodic generator No longer generating hazardous waste, still in business No longer generating hazardous waste, no longe in business Never generated hazardous waste ID number to transport not hazardous waste Regulated under another II number (*most commonly used)
STATUS CHANGE	DETERMINED BY:				
Inspection l	Report		Revised	Notific	ation
Revised No	tification from the Facility		EPA Cle	an Clos	sure Certificate
State Docum	nentation Certifying Clean	Closure	Affidavit	from t	he Facility
Affidavit fr	om the State		Biennial	Report	
Documenta	tion not Required		Other (ex	cplain b	elow)
BAH, A	K, 7/5/61			<del></del>	
				-	
			·		

EPA/BAH Use C
Date to Date Entry
Batch Number 25
Date QA'd 8:10:07



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date	3/8/01
Time Start	
Time Finish	<u> </u>

# HAZARDOUS WASTE INSPECTION REPORT CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

	Compa	ny name	Enten manns	Baker	Υ	I.D. Numb	per PA09873	43093
	Addres	640	East Lincoln	Hwy	Exten	M		
	County		Mu					
i	Name o		PAUL TARPEL					
1	Name &	Title of Respon	nsible Official	ville me	irch - s	They For	renan	
		Interviewed3					(610) = 3	63-07
٨	/lailing	Address (if diffe	rent from above)					
A	mount	of Hazardous V	Vaste Generated per M	lonth: <u>く</u> ル		kg		Ibs
			ompleted? 🛭 Yes 🗌			er Than 1,00	00 kg. 🗌 Yes 🔲 N	No.
U	Iniversa	ıl Waste: Large	Quantity Handler?	Small Qua	ntity Handler	?█	•	
U	niversa	il Waste Types	NOT BETTIL.					
1.	Was	te Handling Me	ethod:	· 3				
•		On-Site in a t	treatment, storage or CFR Part 270.	disposal facility	permitted (	under Chapt	ter 270a and inco	rporated
	Ø		reatment, storage or CFR Part 270 or havir 65.	•	•	•		•
			ent & off-site treatmented to Section 261a.5.	nt, storage or o	lisposal in co	ompliance w	vith 40 CFR Section	on 261.5
		Off-Site in a pe	ermitted municipal or in	dustrial facility	in another st	ate.		•
		Off-Site to a fac	cility which beneficially	uses or reuses	s, or legitimat	tely recycles	or reclaims its wa	ste
	_		acility that treats was			•		
2.	Hazar	dous Waste Tr	ansportation:	Self transport	ation 🔲	yes 🛮	[no	
	lf	no: Transpo	orter Name _ Saket	Klosu				
			Number0/72		_			
3.	Types		waste generated and	destination fa	cility (locat	ion & type).		
					1	· · · · · · · · · · · · · · · · · · ·		
	W	aste Code	Waste	Description		Des	tination Facility	
	100	-DIG-ROSG	Parts Chemer	solvent.		5. Kleen	-, west chesi	Ter

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

### **INSPECTION REPORT COMMENTS**

Date of inspection3/8/0	01	Identification Number	PAD98734309	2	
Company/Facility/Site Na	ame <u>Entenmanns Baker</u> y				
	waste small quantity gener ong with Mr. Orville Marcl ved:	<u>-</u>	• •		
•	te truck service centers for ated; waste tires, oil, anti-fr		lelivery fleet. A	number of	residual
The only routine hazard hazardous aqueous brake	ous waste generated is ignice cleaning solution.	itable (D001) parts cleane	r. The facility i	s now using	g non-
The parts cleaner is serv facility.	viced on an 8 week schedul	e. Waste is transported to	the Satety Kle	en West Ch	ester
Copies of waste shipmen	nt records should be retain	ed onsite as proof of disp	osal.		
waste. Quantities of haza	ently classifies the facility a ardous waste generated are enerator status (< 100 kg./n	such that the facility show		-	
No violations were obse	erved during this inspection	<b>1.</b>			
notification of any violations obser or other violations identified as a re This report does not co mply immunity from legal action fo Signature by the persor	is notice of the findings of an insported during the inspection. Additional esult of review of laboratory analyses institute an order or other appealable or any violation noted herein. In interviewed does not necessarily in the person.	al notification of violations may be in sor Department records. It is action of the Department. Nothing action of the Department.	ssued concerning eit	her violations n	oted herein,
Person interviewed (signa	ature)_Copy giyen and mail	led to facility	Date	3/8/01_	
nspector (signature)	Instru	<i>Y</i>	Date	3/8/01	-
			Р	age	of

Please refer to the instructions for Filing Natification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

# Notification of PA Regulated Waste Activity United States Environmental Protection Agency

(FortQ ficial Use Only)

A. First Notification   B. Subsequent Notification   C. Installation's EPA ID Number   C. Installation's E
III. Name of installation (Include company and specific site name)    Internal   Interna
III. Location of Installation (Physical address not P.O. Box or Route Number)  Street  GGO EGS H LIND AND AND AND AND AND AND AND AND AND A
III. Location of Installation (Physical address not P.O. Box or Route Number)  Street  GGO FGS H LI'N CON H LY CODE  Street (continued)  City or Town  State ZIP Code  County Name  GRAD COUNTY Name  GRAD COUNTY Name  GRAD COUNTY Name  GRAD CODE  City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last)  Marro (last)  Marro CA  Job Title  Phone Number (area code and number)  SIA OP FOR MARRO See instructions)  A. Contact Address (See instructions)
Street  GGO EGS F Z I A B State ZIP Code  EXTON  City or Town  State ZIP Code  EXTON  County Code County Name  IV. Installation Mailing Address (See instructions)  Street or P.O. Box  Signe As Aboure  Installation Contact (Person to be contacted regarding waste activities at site)  Name (Iast)  MGCCA  Job Title  Phone Number (aree code and number)  VI. Installation Contact Address (See instructions)  A Contact Address (See instructions)  A. Contact Address (See instructions)
Street (continued)  City or Town  State  ZIP Code  AX TOM  County Code  County Name  State  ZIP Code  City or Town  State  State  ZIP Code  City or Town  State  City or Town  State  Contact (Person to be contacted regarding waste activities at site)  Name (last)  Mame (last)  Mame (last)  Mame (last)  Phone Number (area code and number)  SIA O O FORMARIA  Contact Address (See instructions)  A. Contact Address (See instructions)
Street (continued)  City or Town  State ZIP Code  A I 9 3 9/ -  County Code County Name  (IV. Installation Address (See instructions)  Street or P.O. Box  City or Town  State ZIP Code  City or Town  State ZIP Code  (Ifirst)  (Ifirst)  Mare (last)  (Ifirst)  Mare (last)  Contact Address (Person to be contacted regarding waste activities at site)  Name (last)  Phone Number (area code and number)  S A O F C A A A Contact Address (See instructions)  A Contact Address See instructions)  A Contact Address See instructions)  S A Contact Address See Instructions)
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County Code County Name  County Code County Name  County Code County Name  IV. Installation Mailing Address (See instructions)  Street or P.O. Box  City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last)  May Character (Person to be contacted regarding waste activities at site)  Name (last)  May Character (Person to be contacted regarding waste activities at site)  V. Installation Contact (Person to be contacted regarding waste activities at site)  VI. Installation Contact (Person to be contacted regarding waste activities at site)  VI. Installation Contact (Person to be contacted regarding waste activities at site)  VI. Installation Contact (Person to be contacted regarding waste activities at site)  VI. Installation Contact (Person to be contacted regarding waste activities at site)  VI. Installation Contact (Person to be contacted regarding waste activities at site)  VI. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last)  Or Ui / Pellone Number (area code and number)  Shop For Pellone Number (area code and number)  VI. Installation Contact Address (See instructions)  A. Contact Address (See instructions)
County Code County Name  C 2 7 C 2 5 E C C C C C C C C C C C C C C C C C C
IV. Installation Mailing Address (See instructions)  Street or P.O. Box  City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last)  MG C C 1  Job Title  Phone Number (area code and number)  S 1 0 0 F 0 P MG P 3 1 5 - 3 6 0 - 0 7 2 0  VI. Installation Contact Address (See instructions)  A. Contact Address Location  Mailing  B. Street or P.O. Box  S 1 M M C AS A D O V C
Street or P.O. Box  Street or P.O. Box  City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last)  MG C C N  Job Title  Phone Number (area code and number)  S N O P FO P MG N  VI. Installation Contact Address (See instructions)  A. Contact Address Location  Mailing  S N M C AS AD O V R
Street or P.O. Box  State As About  City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last)  MG C C 1  Job Title  Phone Number (area code and number)  S 1 0 0 F O R MG P1  VI. installation Contact Address (See instructions)  A. Contact Address Location Mailing  S H M C AS About
City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last)  MG C C 1  Job Title  Phone Number (area code and number)  VI. Installation Contact Address (See instructions)  A. Contact Address (See instructions)  A. Contact Address (See instructions)  A. Contact Address (See instructions)  S H M C AS A D O U R
City or Town  V. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last)  MG C C 1  Job Title  Phone Number (area code and number)  S 1 0 0 F 0 C MG 1 3 / 5 - 3 6 0 - 0 7 2 0  VI. installation Contact Address (See instructions)  A. Contact Address Location Mailing  S 4 MC AS A D 0 V C
V. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last) (first)  March Ch Oruille  Phone Number (area code and number)  Shop Fore Mari 315-363-0220  VI. Installation Contact Address (See instructions)  A. Contact Address B. Street or P.O. Box  Shocation Mailing  Shove As Above
Name (last)  MG C C h  Job Title  Phone Number (area code and number)  VI. Installation Contact Address (See instructions)  A. Contact Address Location Mailing  S A MC AS ABOUR
Name (last)  MG C C h  Job Title  Phone Number (area code and number)  VI. Installation Contact Address (See instructions)  A. Contact Address Location Mailing  S A MC AS ABOUR
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Shop Foremgn 3/5-360-0720  VI. installation Contact Address (See instructions)  A. Contact Address B. Street or P.O. Box  Location Mailing Show Above
VI. Installation Contact Address (See instructions)  A. Contact Address B. Street or P.O. Box  Location Mailing  Share As Above
A. Contact Address Location Mailing  Share As Above
X SAME AS ABOUR
X SAME AS ABOVE
City or Town State ZIP Code
VII. Ownership (See instructions)
A. Name of Installation's Legal Owner
Entenmann's Baker V Inc.
Street, P.O. Box, or Route Number
690 E Lincoln Huy
City or Town State ZIP Code
City or Town         State         ZIP Code           Exton         PA 19341 -
1 H

	ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)	
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
A. Generator (See Instructions)  a. Greater than 1000kg/mo (2.200 lbs.)  b 100 to 1000 kg/mo (220 - 2.200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  b. For down waste only  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Treater, Storer, Disposer (a Note: A permit is required this activity; see instruction  4. Hazardous Waste Fuel  a. Generator Marketing to b. Other Marketers  c. Burner - indicate devik Type of Combustion D  1. Utility Boiler  2. Industrial Boiler  3. Highway  5. Underground Injection Combustion Co	a. Generator Marketing to Burner b. Other Markerer  c. Burner - indicate device(s) - Type of Combustion Device  1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace  2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
IX. Description of Regulated Wastes (Use additional sheets if necessary)	
A. Characteristics of Nonlisted Hazardous Wastes, Mark X' in the boxes correspondence your installation handles. (See 40 CFR Parts 261.20 - 261.24)  1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic (D001) (D002) (D003) (D000) (List specific EPA hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to be a see instruction of the part of the wastes. (State or other wastes requiring an I.D. number. See instructions.)	rdous waste number(s) for the EP Toxic contaminant(s))  Indicate the codes of the c
X. Cartification	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those Individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.	
Signature A Name and Official Title (type or possible C. Manch & ORVILLE C. MANCH &	
Would ( , Men - OKVIII & C. MANCEL M.	OREMAN 6-18-71
XI. Comments	7
	The second second second
Note: Mail completed form to the appropriate EPA Regional or State Office. (Se	e Section III of the booklet for addresses.)



### ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PADOR7343J7E

MARCH GRVILLE SHUP FOREMAN ENTERMANNE BAKERY 690 E LINCOLN HWY EXTON PA 19341

INSTALLATION ADDRESS

7-90 D LINGULN BY EXTON PA (934)

EPA Form 8700-12B (6-90)